

Student Dependent Travel Voucher Guidance

*Note – Per AFI 65-104: The first dependent travel to the overseas location should be accomplished on the member's PCS orders. All other subsequent travel can be performed using SDT orders.

Required Documents

- [1351-2, Travel Voucher](#) (must be MAY 2011 form, previous editions not accepted)
- [1351-2C, Travel Voucher Continuation Sheet](#) (if your itinerary will not fit in block 15)
- Orders (front and backside)
- SATO/CTO Airfare Itinerary
- Receipts for expenses over \$75 dollars
- [IBA Statement](#)
- GTC Statement (optional -- preferred to pay out actual cost of expenses that were paid in foreign currency)
- [Lost Receipt Form](#) (if provided receipts are not sufficient or available)
- [Direct Deposit Form](#) [civilians only]

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																																																			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.																																																					
<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 1531.11																																																							
2. NAME (Last, First, Middle Initial) (Print or type) DOE, JOHN A		3. GRADE E-7	4. SSN 123-45-7890		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA																																																		
6. ADDRESS, a. NUMBER AND STREET PSC 2 BOX 12345		b. CITY APO	c. STATE AE	d. ZIP CODE 09012																																																			
e. E-MAIL ADDRESS JOHN.DOE.22@US.AF.MIL																																																							
7. DAYTIME TELEPHONE NUMBER & AREA CODE 480-1234		8. TRAVEL ORDER/AUTHORIZATION NUMBER TB0001		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS CIV only...Please put your RET option as well as your State of Residence.																																																	
11. ORGANIZATION AND STATION 86 CPTS/RAMSTEIN AB, GERMANY				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 500 S. STATE ST ANN ARBOR, MI 48109																																																			
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		a. NAME (Last, First, Middle Initial) DOE, JAMES B		b. RELATIONSHIP SON		c. DATE OF BIRTH OR MARRIAGE 1JAN98																																																	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)				15. ITINERARY <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>a. DATE</th> <th>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</th> <th>c. MEANS/MODE OF TRAVEL</th> <th>d. REASON FOR STOP</th> <th>e. LODGING COST</th> <th>f. POC MILES</th> </tr> </thead> <tbody> <tr> <td>1JAN</td> <td>ANN ARBOR, MI (CITY + STATE)</td> <td>PA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1JAN</td> <td>DETROIT INTL AIRPORT, MI (CITY + STATE)</td> <td>CP</td> <td>AD</td> <td></td> <td>25</td> </tr> <tr> <td>2JAN</td> <td>FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY)</td> <td>PA</td> <td>AD</td> <td></td> <td></td> </tr> <tr> <td>2JAN</td> <td>RAMSTEIN AB, GERMANY (BASE OR CITY + COUNTRY AS LISTED ON ORDERS)</td> <td>PA</td> <td>LV</td> <td></td> <td>75</td> </tr> <tr> <td>15JAN</td> <td>FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY)</td> <td>CP</td> <td>AD</td> <td></td> <td>75</td> </tr> <tr> <td>15JAN</td> <td>DETROIT INTL AIRPORT, MI (CITY + STATE)</td> <td>PA</td> <td>AD</td> <td></td> <td></td> </tr> <tr> <td>15JAN</td> <td>ANN ARBOR, MI (CITY + STATE)</td> <td></td> <td>MC</td> <td></td> <td>25</td> </tr> </tbody> </table>				a. DATE	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	1JAN	ANN ARBOR, MI (CITY + STATE)	PA				1JAN	DETROIT INTL AIRPORT, MI (CITY + STATE)	CP	AD		25	2JAN	FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY)	PA	AD			2JAN	RAMSTEIN AB, GERMANY (BASE OR CITY + COUNTRY AS LISTED ON ORDERS)	PA	LV		75	15JAN	FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY)	CP	AD		75	15JAN	DETROIT INTL AIRPORT, MI (CITY + STATE)	PA	AD			15JAN	ANN ARBOR, MI (CITY + STATE)		MC		25
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16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS		18. REIMBURSABLE EXPENSES <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>25DEC13</td> <td>AIRFARE</td> <td>1,476.70</td> <td></td> </tr> <tr> <td>25DEC13</td> <td>CTO/SATE FEE</td> <td>43.10</td> <td></td> </tr> <tr> <td>25DEC13</td> <td>FOREIGN CURR CONV FEE</td> <td>11.31</td> <td></td> </tr> </tbody> </table>				a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	25DEC13	AIRFARE	1,476.70		25DEC13	CTO/SATE FEE	43.10		25DEC13	FOREIGN CURR CONV FEE	11.31																																	
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c. REVIEWER'S PRINTED NAME NOT REQUIRED! LEAVE BLANK				d. SIGNATURE		e. TELEPHONE NUMBER																																																	
21. a. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE		c. TELEPHONE NUMBER																																																	
22. ACCOUNTING CLASSIFICATION																																																							
23. COLLECTION DATA																																																							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)																																																	
28. AMOUNT PAID																																																							

1351-2 – Travel Voucher

Please review each item to verify the accuracy of your voucher. Each numbered item coincides with the numbered blocks of the 1351-2.

- 1
 - Select either EFT or check payment
 - To the right, identify the amount to be paid to your GTC (can be \$0.00)
- 2
 - List your name. (last, first, middle initial)
- 3
 - List your grade (ex. E-5, O-5, GS-15)
- 4
 - List your complete SSN
- 5
 - Check Other and Dependent
- 6
 - List your PSC address in sections a, b, c, and d (ex. PSC 1 Box 2345 APO AE 12345) *note* this is where your check will be mailed if you selected that method of payment
 - Section e - List your email address
- 7
 - List your phone number (DSN or commercial)
- 8
 - List your order number (found in block 20 of your orders)
- 9
 - List how much money you have already been paid to complete this travel. If you have not been advanced any money, place 0.00 in this block.
- 10
 - Leave sections a, b, and c blank.
 - Section d - List your state of legal residence, and retirement code [civilians only]
- 11
 - List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 12
 - Check unaccompanied
 - Column a - List the name of your dependent
 - Column b - List the relationship of your dependent
 - Column c - List the birth date of your dependent
- 13
 - List your dependent's address, as found in block 6 of your orders
- 14
 - Check "NO" for household goods shipment
- 15
 - Notes
 - Date the itinerary, including year
 - All reasons for stop at an airport will be AD
 - Include all airports
 - Mode of travel, from airport to airport, will be CP, if you paid for the tickets yourself
 - If you cannot fit your itinerary in block 15, please use the attached 1351-2C

Modes of Travel

PA = Private automobile
CA = Commercial automobile (Taxi)
CP = Commercial Plane
TP = Plane tickets purchased by government

Reasons for Stop

AT = Airports (within country)
AD = Airports used to change countries (to/from)
LV = Dependent's stop in Germany
MC = Final stop on itinerary

- 16
 - If a private automobile was used for any portion of this travel, check whether your dependent was owner, operator, or passenger

17

- Check the appropriate box, depending on the time span of your itinerary

18

- Column a - List the date(s) you paid for your expense(s) (GTC statements are helpful)
- Column b - List the name(s) of the expense(s) you are claiming
- Column c - List the cost of the expense(s) in US dollars (GTC statements are helpful)

19

- Leave this block blank

20

- Section a - Sign your voucher
- Section b - Date your signature
- Sections c, d, e, and f - leave blank

21 – 28

- Leave these blocks blank